MILWAUKEE CATHOLIC HOME

2330N	PROSPECT	AVE	

MILWAUKEE 53211 Phone: (414) 220-4610)	Ownership:	Non-Profit Corporation
Operated from 1/1 To 12/31 Days of Operation:	366	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/04):	122	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/04):	122	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/04:	120	Average Daily Census:	119

Services Provided to Non-Residents	Age, Gender, and Primary Di	Length of Stay (12/31/04)	%				
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	45.8
Supp. Home Care-Personal Care	No					1 - 4 Years	43.3
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years	10.8
Day Services	No	Mental Illness (Org./Psy)	42.5	65 - 74	6.7		
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	24.2		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	57.5	********	*****
Adult Day Health Care	Yes	Para-, Quadra-, Hemiplegic	0.8	95 & Over	11.7	Full-Time Equivalent	
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures	16.7		100.0	(12/31/04)	
Other Meals	Yes	Cardiovascular	10.0	65 & Over	100.0		
Transportation	No	Cerebrovascular	11.7			RNs	8.6
Referral Service	No	Diabetes	2.5	Gender %		LPNs	12.3
Other Services	No	Respiratory	4.2			Nursing Assistants,	
Provide Day Programming for	ĺ	Other Medical Conditions	11.7	Male	28.3	Aides, & Orderlies	35.7
Mentally Ill	No			Female	71.7		
Provide Day Programming for	j		100.0	İ			
Developmentally Disabled	No				100.0		

Method of Reimbursement

		edicare			edicaid itle 19			Other]	Private Pay	:	:	Family Care			anaged Care	l		
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	9	100.0	360	33	82.5	129	0	0.0	0	70	100.0	236	1	100.0	129	0	0.0	0	113	94.2
Intermediate				7	17.5	108	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	7	5.8
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependen	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	9	100.0		40	100.0		0	0.0		70	100.0		1	100.0		0	0.0		120	100.0

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Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12	/31/04
Deaths During Reporting Period					 % Needing		Total
ercent Admissions from:		Activities of	8	Ass	sistance of	% Totally	Number of
Private Home/No Home Health	10.1	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	1.4	Bathing	0.0		75.8	24.2	120
Other Nursing Homes	3.7	Dressing	7.5		71.7	20.8	120
Acute Care Hospitals	79.3	Transferring	35.8		39.2	25.0	120
Psych. HospMR/DD Facilities	0.5	Toilet Use	19.2		53.3	27.5	120
Rehabilitation Hospitals	1.8	Eating	64.2		27.5	8.3	120
Other Locations	3.2	*******	******	*****	* * * * * * * * * * * * * * * * * *	******	******
otal Number of Admissions	217	Continence		%	Special Treatmen	ts	%
ercent Discharges To:		Indwelling Or Exterr	nal Catheter	2.5	Receiving Resp	iratory Care	5.0
Private Home/No Home Health	37.3	Occ/Freq. Incontiner	nt of Bladder	71.7	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	12.4	Occ/Freq. Incontiner	nt of Bowel	51.7	Receiving Suct	ioning	0.0
Other Nursing Homes	1.8				Receiving Osto	my Care	2.5
Acute Care Hospitals	21.7	Mobility			Receiving Tube	Feeding	0.8
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	2.5	Receiving Mech	anically Altered Diets	25.0
Rehabilitation Hospitals	0.0						
Other Locations	6.9	Skin Care			Other Resident C	haracteristics	
Deaths	19.8	With Pressure Sores		5.0	Have Advance D	irectives	100.0
otal Number of Discharges		With Rashes		0.8	Medications		
(Including Deaths)	217	İ			Receiving Psyc	hoactive Drugs	68.3

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		Own	ership:	Bed	Size:	Lic	ensure:		
	This	Non	profit	100	-199	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	%	Ratio	8	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	97.5	87.4	1.12	86.5	1.13	87.3	1.12	88.8	1.10
Current Residents from In-County	92.5	86.8	1.12	87.0	1.13	85.8	1.12	77.4	1.19
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Admissions from In-County, Still Residing	23.0	21.8	1.06	18.9	1.22	20.1	1.15	19.4	1.19
Admissions/Average Daily Census	182.4	159.1	1.15	188.2	0.97	173.5	1.05	146.5	1.25
Discharges/Average Daily Census	182.4	159.6	1.14	190.4	0.96	174.4	1.05	148.0	1.23
Discharges To Private Residence/Average Daily Census	90.8	63.2	1.44	77.5	1.17	70.3	1.29	66.9	1.36
Residents Receiving Skilled Care	94.2	96.1	0.98	95.9	0.98	95.8	0.98	89.9	1.05
Residents Aged 65 and Older	100	96.5	1.04	90.5	1.10	90.7	1.10	87.9	1.14
Title 19 (Medicaid) Funded Residents	33.3	50.4	0.66	56.3	0.59	56.7	0.59	66.1	0.50
Private Pay Funded Residents	58.3	33.2	1.76	22.2	2.63	23.3	2.50	20.6	2.84
Developmentally Disabled Residents	0.0	0.5	0.00	1.1	0.00	0.9	0.00	6.0	0.00
			1.25						
Mentally Ill Residents	42.5	33.9		29.0	1.46	32.5	1.31	33.6	1.26
General Medical Service Residents	11.7	26.1	0.45	25.4	0.46	24.0	0.49	21.1	0.55
Impaired ADL (Mean)	48.2	51.2	0.94	52.6	0.92	51.7	0.93	49.4	0.97
Psychological Problems	68.3	62.3	1.10	55.4	1.23	56.2	1.22	57.7	1.18
Nursing Care Required (Mean)	4.9	7.1	0.69	7.7	0.64	7.7	0.63	7.4	0.66